TRANSACTIONS OF SOCIETIES.

Art. X.—*Summary of the Transactions of the College of Physicians of Philadelphia.*

1861. *Jan.* 2. *Large Interstitial Cancerous Tumour of the Impregnated Uterus, rendering Delivery Impossible.*—Dr. Wm. V. Keating read the following account of a very remarkable case of this kind:—

I was requested to visit Mrs. J. in the month of July, 1857. She had been married on the 19th of May previous, and had perceived a slight menstrual discharge on the 22d of the same month, since which time she had no signs of menstruation. Being requested to inform her at what period she might expect her confinement, I calculated that her labour might supervene at any moment after the 24th of February.

Mrs. J. was a native of South America, and when I saw her was in her 30th year. Her complexion was of an olive tint; temperament nervo-bilious. She had previously enjoyed good health, having in fact suffered from none of those ailments incident to her sex at the period of puberty. In the year 1853, without any appreciable cause, in the interval of a menstrual period, she was suddenly seized with uterine hemorrhage, which, though short in duration, was quite active in character. Her attendant, the late Dr. Jos. Nancrede, was called in, and by means of rest and the usual remedies was soon able to arrest it. She never had a return. Mrs. J. subsequently suffered from impaired vision, and had been under Dr. Sichel's care in Paris; and although his directions were strictly carried out, she could seldom indulge in reading, writing, or sewing.

The peculiarity of Mrs. J.'s complexion had forcibly impressed me upon my first visit, and elicited from me many inquiries as to her previous health and the history of her family. I could not but feel some apprehensions in reference to the existence of some cachexia, and my solicitude was only quieted by the assurances of her friends, to whom I communicated my fears, that the peculiar tint resembling cirrhosis, which attracted my attention, was natural to her. Upon questioning her maid, after her death, I discovered that her menstrual discharge had generally been scanty and emitted a very fetid odour, such as she had never noticed before, although in other respects it had the usual characteristics. Mrs. J. enjoyed remarkable health during the period of gestation, and was unusually active, walking often six miles a day, for inasmuch as her weakness of vision prevented her from attending to the usual occupations at home, she was forced to resort to out-door amusement. My sole attendance during her pregnancy was for a violent pain in the anterior portion of the left thigh, an inch above the patella. The pain was very severe, and seemed to cause her great annoyance; it was paroxysmal in its character, and was finally relieved by repeated vesications and endermic applications of the sulphate of morphia.

On Sunday, the 28th of February, at 9 A. M., I was summoned to visit Mrs. J. She had been seized with acute pains in the uterine region, be-

tween 1 and 2 o'clock A. M. About 4 A. M., during one of her pains, she felt something give way, and immediately there followed a gush of a greenish fluid. These pains continued accompanied by a discharge of some bloody mucus until I reached the house, not increasing in intensity or rapidity, but always attended with a dribbling of the greenish-coloured fluid. I immediately took advantage of the access of a pain to make a per vaginam examination. Upon reaching the os uteri, I found it, to my utter astonishment, entirely closed with a cervix uteri as undeveloped as in the sixth month of pregnancy. The os felt hard and not well defined, the cervix almost cartilaginous to the touch, and totally unlike anything which I had ever observed in the organ at this period of pregnancy; repeated and accurate examinations soon revealed the fact to me that the pains had no effect whatever upon the os uteri, whose dilatations had not as yet commenced. I made the usual examination of the straits of the pelvis, and determined that that organ was in every way normal, and hence feared no difficulty in that quarter. My patient was of course in an exceedingly nervous condition, and most anxious to ascertain my diagnosis and prognosis. The pains having had no effect upon the os uteri, and seeming to diminish in intensity and frequency, I deemed it most prudent to state that she was not as yet in labour, but that probably true labour-pains would soon supervene.

The advent of the estimated period of labour, the supervention and continuation of regular uterine contractions with the rupture of the membranes, viewed in connection with the existence of an undeveloped cervix and a perfectly closed os uteri, aroused serious apprehensions in my mind as to the probable existence of some obstruction in the labour or malposition of the fœtus. I requested a careful external examination of the abdomen. I found the abdominal parietes presenting all the tension of the full period of gestation; the uterus had also subsided, and inspection revealed an abdominal tumour of singular shape, the longest diameter of which corresponded to a line drawn from the right hypochondriac region to the anterior-superior spinous process of the left ileum. Careful palpation and even inspection revealed a sulcus or line of separation in the tumour, commencing on the left side about four inches below the last false rib, and extending obliquely down to within an inch of the symphysis pubis, and dividing the uterus into two portions. That portion of the tumour towards the right side was quite prominent; towards the left iliac region a less prominent orbicular mass could be felt, resembling the fœtal head. During the contractions of the fundus and body of the uterus, which I could distinctly feel with my hand laid on the abdomen, the right and more prominent portion of the tumour seemed to undergo forcible contractions, but the orbicular mass to the left seemed in no ways affected, and always maintained its primitive position and condition.

Auscultation at this period revealed very feeble pulsations of the fœtal heart in the hypogastric region, a little to the right side.

I had serious misgivings as to the nature of the case. The above examination convinced me that there existed probably a twin pregnancy with a malpresentation, complicated with premature rupture of the membranes and a rigid os uteri. As the bowels had not been moved for forty-eight hours, I prescribed a dose of oil, and left. Upon my return at 2 P. M. I found that the pains had entirely ceased, but the discharge of liquor amnii still continued whenever she moved. I made another examination, and found everything in the same condition. The os uteri being closed, the pains

having subsided, there was nothing to do but to revive the drooping spirits of my anxious patient, whose extreme confidence in the correctness of the calculation of her period of labour, caused her to suspect that there was some serious cause retarding its progress. The existence of a cervix uteri, the entire closure of the os uteri, the subsidence of all pains, were sufficient considerations to lead me to doubt the accuracy of the computation of her pregnancy; hence I deemed myself justified in asserting that she could not have reached the full period of gestation, and having thus succeeded in calming her fears, I left her.

I visited Mrs. J. on Monday the 1st of March; found her sitting up, and quite refreshed in body and mind, having passed an excellent night, without any return of uterine contractions. The liquor amnii was still oozing from her, and she was annoyed with a constant desire to micturate; she was slightly feverish, but not more so than might be expected in one of such a nervous temperament, annoyed by the sudden subsidence of her pains, and most anxious for labour to supervene. She continued very much in the same condition until the 14th of March. Auscultation, however, never revealed any sound of the fœtal heart after the 28th of February. The dribbling of the liquor amnii continued till the 4th of March; the colour of the fluid then changed to a dark mahogany, with a fetid odour. Occasionally slight paroxysms of fever occurred, but generally as the result of her extreme restlessness and anxiety. During this period there would also occur now and then slight paroxysms of pain, but very feeble and of very short duration, and upon palpation during these pains I could invariably discern that the contractions were confined to the right and more prominent portion of the tumour. Repeated vaginal examinations afforded always the same results, the same conditions of the os and cervix uteri. About the 8th of March the uterine tumour assumed such a position as to cause great inconvenience and at times much suffering. Locomotion was almost impossible, and when the patient was seated the uterine tumour seemed to project over the symphysis pubis, and, as the nurse stated, seemed to rest on the upper portion of her thighs; the legs and feet became quite œdematous. The desire to micturate was incessant, but the urine was scanty, high-coloured, and slightly albuminous. On the 10th of March slight labour-pains occurred, with no effect upon the os or cervix uteri, and after a few hours subsided; the discharge became much more fetid, paroxysms of fever supervened, and so much restlessness and despondency ensued as to force me to resort to anodynes to calm her and to produce sleep. Finding that no change took place, and feeling serious apprehensions in reference to her state of mind, I requested a consultation on the 14th of March. Prof. Meigs visited my patient at 12 o'clock that day, and after a careful examination both internally and externally, fully coincided in my opinion, viz., that the condition of the os and cervix uteri and the absence of all true uterine contractions producing dilatations of the os, with the impossibility to feel any motion of the fœtus, authorized the conclusion that our patient could not have reached the full period of gestation. The extraordinary form of the uterine tumour induced Prof. Meigs also to suspect that there might either be a transverse presentation of the fœtus, uterine pregnancy, a bicorned uterus, or a Ritachristina. As the result of our consultation, we endeavoured to calm the fears of the patient and her friends, and resolved to wait and abide the indications of nature.

Mrs. J. continued in the same condition until the 16th (Wednesday), save a change in the colour and consistence of the discharge, which con-

sisted now of a pink-coloured grumous matter with a peculiarly fetid odour. Upon palpation of the abdomen, I could often discover contractions of the right portion of the abdominal tumour, without, however, any responsive action in the cervix or os, and without occasioning much pain; her state of mind was truly alarming—there were frequent febrile exacerbations, attended with a highly furred tongue, harsh dry skin, and copious discharges of mahogany-coloured urine, which yielded a considerable amount of albumen to the proper tests. She was kept on saline draughts, and under the influence of Dover's powder.

On Wednesday morning I found her suffering from well-defined uterine pains, recurring about every fifteen minutes; upon palpation I discovered that coincident with these pains there were powerful contractions of the right portion of the tumour, but the orbicular mass situated in the left iliac region seemed completely inert and in no way affected by the uterine contractions. These labour-pains had supervened about two o'clock in the morning, and having increased regularly in intensity and frequency ever since, I was led to hope that a per vaginam examination would reveal a decided progress in her labour. At 10 A. M. I made a per vaginam examination. I found the canal very hot and dry, the os uteri seemed distant, and it was difficult to reach it; it was slightly opened, about one-eighth of an inch; cervix uteri still present, but the anterior lip of the os and left portion of the cervix uteri seemed exceedingly indurated, almost cartilaginous. No portion of the fœtus could be felt, and consequently it was absolutely impossible to diagnosticate presentation or position. Bowels being confined, and there being considerable febrile excitement, I prescribed a dose of castor oil and effervescing draught. Returned at 1 P. M.: pains continue increasing in intensity; os uteri opened a little more, and in pushing my index-finger well up into what seemed to be the cervix uteri, I thought I discovered an intestinal-like protrusion of the membranes; repeated examinations confirmed my opinion; I requested Prof. Meigs to visit her with me at 2 P. M. He coincided in my diagnosis, and suspecting the existence of a transverse presentation, recommended me to keep a strict watch so that I might seize the proper moment, rupture the membranes, and attempt version by the head. I remained near the patient all the afternoon, hoping to be able to carry out our design; the pains continued, not very intense, but of a most harassing character; no more effect was produced upon the os uteri or the presenting portion of the child. At 8 P. M. we held another consultation. Ordered anodyne enema and saline draught.

Thursday, 17*th*, 9½ A. M. Met Prof. Meigs. Our patient had a calmer night, and slept about fifteen minutes at a time. The pains continued during the night, but were now much more irregular and less intense; febrile action continues; discharge from vagina diminished; tongue much furred; breath extremely fetid. She was very fretful and irritable; form of tumour remains the same; no change in condition of os uteri; urine still very dark and albuminous. Ordered small doses of *hydg. cum creta*, to be followed by oil.

I returned at 2 P. M. She had two bilious evacuations and seemed much relieved, and was much more cheerful; skin moist; pains almost disappeared; no change in uterus; slight discharge of a grumous character and very offensive. Relished her dinner, and seemed inclined to sleep. Consultation held again at 6 P. M. She seemed more cheerful; had a refreshing sleep of four hours; pains slight and not frequent; the contractions still continued in right portion of the tumour. Anodyne enema repeated.

Friday 18*th*. Held a consultation at 9½. Passed a restless night; pains returned at regular intervals, and, although not very intense, were of a harassing character, causing her to be fretful and despondent; no change in internal parts; tongue furred; febrile action continues; breath very fetid. Ordered oil. Met again at 1 P. M. Oil operated once; pains of a slow lingering character; patient very despondent and entreats for relief; the presenting point of fœtus has made no advance, and os uteri remains in the same condition. We decided upon giving 10 grs. of ergot every hour, and I remained with the patient to watch the effect. After the fourth dose the pains increased in frequency and intensity, and were of a most distressing character; the right portion of the uterine tumour contracted so actively that I at one time entertained serious fears that rupture of the uterus might occur, but the left orbicular mass still seemed perfectly inert, maintaining all its former characters with the sulcus remaining perfectly defined. We met again at 6 P. M. Pains still continued very violent. After a long and careful examination, Prof. Meigs thought that he felt a small portion of the fœtal head compressed within the cervix uteri, and concluded that what we had repeatedly considered an intestinal-like protrusion of the bag of waters was really a portion of the softened putrescent sealp. In an hour after this view was confirmed by the possibility of detaching portions of the scalp with the finger, we decided to allow the pains to push the presenting portion further down, and appointed to meet at 10 P. M.; but finding, at 9, that her pains were almost insupportable, and her entreaties for relief so urgent, I went to Prof. Meigs and requested him to bring his craniotomy forceps and blunt hook. We decided that although the os uteri was not dilated more than an inch and the cervix undeveloped, still, on account of the agony which she was enduring, we would be justisfied in making careful and gentle traction upon the presenting portion of the head, and thus force it to engage within the circle of the os. This plan of action was based upon the fact that her violent pains seemed to produce no effect, and believing that we had either a monster with two heads or a transverse presentation which nature could not disengage, we deemed it prudent and humane to assist by gentle traction efforts in foreing the presenting portion to engage. The difficulties we had now to encounter beggar all description. The extreme distance of the presenting surface, the exquisite sensitiveness of the canal, the tenesmic resistance of the os uteri, the diffieulty in seizing and keeping hold of the small portion of bone which could be reached, seemingly imbedded in the tissues of the cervix uteri, presented such insurmountable obstacles that, after repeated efforts, attended solely with the crumbling and detachment of minute portions of bone, we were obliged to desist about 11½ P. M., especially as the patient had been for so long a period of time under anæsthesia. The condition of the os uteri under this operation was one which caused us the greatest annoyance and apprehension. It was utterly impossible to pass the finger around the anterior and left portion of the os, the presenting bones of the fœtal head seemed imbedded in the substance of the uterus itself, and every traction effort was attended with the sinking of a rough saw-like edge of bone deeper and deeper into the tissues of the cervix and lower part of the body of the uterus; posteriorly and to the right the finger could be introduced as far as its length would allow, but to the left the cartilaginous condition of the os and cervix uteri and the steady resistance of the orbicular mass seemed to defy all efforts at delivery. The patient was exhausted, the vagina had become intensely swollen; we were, therefore, forced to desist. An opiate

draught was administered, and Prof. Hodge sent for. We all three met at midnight. Prof. Hodge examined and coincided with us as to the condition of things. We determined to allow the patient a certain period of repose, and then, under the influence of anæsthesia, to make further attempts at delivery. A powerful opiate was then administered, but the constant uterine contractions, superadded to her extreme anxiety, antagonized its effect. Nourishment and stimulus were administered, and at 2 A. M. Prof. Hodge attempted to extract the presenting portion of the fœtus; but after the most powerful efforts, finding that no progress was made, we deemed it more prudent to keep the patient under opiates, and to soothe the vagina and os uteri with demulcent and antiseptic injections.

Adjourned our consultation to Saturday, 19th, at 9 A. M.

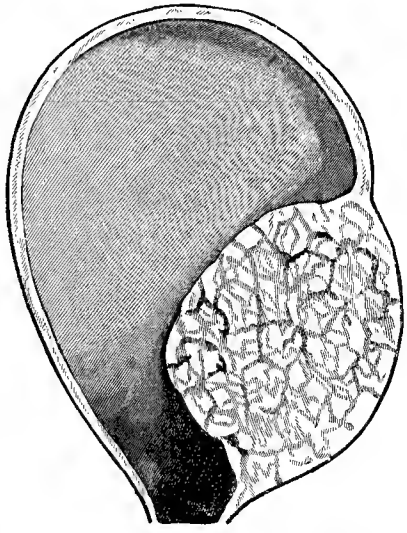
Mrs. J. did not sleep; uterine pains incessant; tongue very much furred; pulse 140; abdomen tympanitic; urine scanty and albuminous, and has to be drawn off by catheter; vagina in a high state of inflammation, and the discharges so fœtid as to affect every one in the room. Prof. Hodge suggested that we should attempt dilating the os uteri by the application of Kiwisch's uterine douche; this was tried eight hours without any success, the pains became much more violent under its employment. Colpeurysis was also resorted to. Our patient was now kept under the effects of powerful opiates and a supporting diet. Her condition grew worse and worse every hour, and her agony was such as to fill with anguish all those who surrounded her. New instruments were devised, constant attempts made to effect delivery, but all that science could suggest and art devise seemed totally inefficient.

On Saturday, at 2 P. M., Dr. La Roche was added to the consultation, and the subject of the Cæsarean section was proposed, considered maturely, and rejected on the following grounds. The greatest authorities who have written upon the Cæsarean operation have considered it to be necessary: 1st. In the case of extra-uterine gestation. 2dly. Where the fœtus has escaped entirely into the cavity of the abdomen on account of rupture of the uterus. 3dly. In the case of hysterocele or hernia of the uterus. 4thly. Where tumours, bridles, cicatrices, adhesions, or other affections of the soft parts included in the pelvis obstruct this bony canal, the neck of the womb, or vagina. Lastly. Where the pelvis is in itself so far defective that there no longer exists between its dimensions and those of the head of the fœtus the relation necessary to delivery. After the most careful examination and consultation, not being able to discover the existence in the present case of any of the foregoing conditions, we deemed that the ethics and the acknowledged rules of practice forbade us attempting the operation. Moreover, it was unanimously agreed that, under Mrs. J.'s present condition of intense constitutional excitement, the operation would be necessarily fatal. We were, therefore, constrained to adopt an expectant treatment and to alleviate her pangs as much as possible, hoping from hour to hour that nature might effect some change in her behalf. Finally symptoms of pyæmic intoxication set in and soon banished from us all hope of saving our patient. The uterine pains continued incessantly up to the period of her death, which occurred on Friday the 25th, at 2 P. M. To narrate her symptoms, to describe her agony, or to express the feelings of those whose sad duty called them to her bedside without the slightest power on their part to relieve or deliver her, would be recalling scenes and pangs which, we trust, our professional career will never cause us again to witness and endure. Suffice it to say that our poor patient died in the violent throes of labour, having

suffered uterine pains for ten days and nights with scarce an intermission save the natural intervals between the pains. Those among us who are familiar with the characters of uterine contractions can well imagine the horrors of these ten days of agony to this poor lady, and can well appreciate the gloom and despair of her medical attendants in beholding them.

Post-mortem examination was held nineteen hours after death. Performed by Dr. Ellerslie Wallace, in presence of Drs. Meigs, Hodge, La Roche, Sr., La Roche, Jr., and Keating. Upon uncovering the abdomen the sulcus in the external portion of the abdominal parietes still quite apparent. On removing parietes of abdomen the uterus presented the sulcus, but higher up than it was externally. There were no signs of parietal or intestinal peritonitis. Uterus 10½ inches long and lying obliquely; above the sulcus measures 7½ inches; at the sulcus 7 inches; two inches below sulcus uterus measured 7 inches. The fœtus had never entered the superior strait, and was in a complete state of decomposition. On removing the uterus it was found that the os uteri was almost cartilaginous in consistency and barely large enough to admit the introduction of two fingers. Upper portions of vagina and lower half of cervix uteri in a state of sphacelus. The tissue of the uterus near the cervix was extremely congested. On opening the uterus the lower globe of uterus was found to be an immense interstitial tumour. (See fig. from a drawing by Professor Meigs) Transverse diameter of the tumour included the whole os uteri; antero-posterior diameter of tumour 5½ inches; vertical diameter 6½ inches. General aspect of tumour ovoidal. Placenta attached to the posterior aspect of the fundus uteri. General surface of the uterus in a complete state of putrescence.

Fig. 1.



Microscopical examination of the tumour by Dr. Da Costa.—I annex the results as embodied in a note to me: "The specimen you sent me for examination was peculiar in several respects, and especially from the fact that the morbid material did not exist by itself, but had become intimately blended with the proper structure of the uterus. Under the microscope I found infiltrated between the smooth muscular fibres of the womb, cells with distinct nuclei, some small, some large, and obscured by granules, but entirely resembling those of cancerous masses. In addition, there were some oil drops and a large number of granules. The muscular fibres were here and there altered in appearance, infiltrated with granules, yet on the whole I was struck with the fact that, whilst so much diseased action had been going on around them, so many of them, by far the largest majority, had remained perfectly unaltered in shape, size, and contents. I have no doubt that the tumour is cancerous; softening had commenced."